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**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT
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Application Number	09/765,174
Filing Date	09/765,174
First Named Inventor	Naimish, Richard J.
Art Unit	2837
Examiner Name	Lockett, K.
Attorney Docket Number	Roh-N

To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

- ☐ all the attorneys/agents of record.
- ☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
- ☒ the attorneys/agents associated with Customer Number

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

The reasons for this request are: I have closed my practice.

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<input checked="" type="checkbox"/> Firm or Individual Name	The Idea Place, LLC				
Address	7800 S. Elati St.				
Address	Suite 110				
City	Littleton	State	CO	Zip	80120
Country	USA				
Telephone	(303) 795-9595			Fax	(303) 795-9591
Name	Thomas W. Hanson				
Signature				Registration No.	35,181
Date	March 9, 2004			Telephone No.	303-789-1002

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

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